



Town of New Paltz Planning Board

**NOTE: Only one
(1) original of
this form should
be submitted
with your
application.**

original

PROJECT SUMMARY FORM

Date Received: 9/11/23 Fee Paid: \$500.00 (see SSP Inv # 23-00703)
 Escrow Initial Deposit: \$1000 Replenishment: \$750
 Name of Project: SHADE PAVILLIONS SITE PLAN
 Project Property Address: 355 Route 32 North
 Tax Map S-B-L: 78.2-2-7.200 PB#: 23-418

(Office use only – do not write above this line)

Owner Name: Agri-Business Child Development, New Paltz Center
 Applicant: Melissa Hoffstatter, Center Director
 Applicant's Address: 355 Route 32 North PO Box 323 New Paltz, NY 12561
 Applicant's Telephone Number: 845-255-7571 E-Mail: Melissa.Hoffstatter@abcdmail.org
 Escrow Guarantor/Payor: NYS FEDERATION OF GROWERS / AGR. BUSINESS
 Name/Title/Contact No.
 Tax ID for Escrow Account: 15-0509747 (must complete W-9)

Melissa Hoffstatter
Signature of Owner/Applicant (or authorized agent)

9/8/2023
Date

NOTE: This form is used for bookkeeping purposes only.
It is **not** part of the public record of the Planning Board Application file.
This information will be used for monthly escrow billing only.